



**COUNTY OF LOS ANGELES
LA COUNTY YOUTH JOBS (LACYJ) PROGRAM
CONSENT AND RELEASE AGREEMENT- MINOR (17 & BELOW)**



I, _____, on behalf of minor _____,
agree and affirm to the following:

1. I authorize the minor mentioned above to participate in the LACYJ Program.
2. I affirm that the youth meets one (1) of the following:
☐ Foster ☐ Probation ☐ Low Income ☐ Homeless
3. I understand that provisions of law, including but not limited to Welfare & Institutions Code Section 10850, make information related to receipt of public social services confidential. I further understand that these laws protect the identity of applicants and recipients of public assistance, such as myself, my child, or a minor in my custody from the unauthorized release of confidential welfare information.
4. I understand that the identity of my child or a minor in my custody, including a photograph and/or a videotape recording of him or her indicating that he or she is a recipient of public social services is confidential information.
5. I understand that the County would like to photograph persons receiving services through Community and Senior Services (CSS). I understand that I am not required to provide an interview or release any information to the media for this use.
6. I understand that by signing this agreement, the County may photograph, videotape, and release the photograph of my child or a minor in my custody for use in the CSS intranet, the CSS public website, a County Newsletter or other publication promoting County services and programs.
7. I understand that I have the right to give or withhold my permission to allow the County to photograph or videotape me, my child, or a minor in my custody and that the decision on whether to permit the County to photograph or videotape me will not affect my ability to receive social service benefits.
8. I voluntarily consent and authorize the County of Los Angeles, its agents and employees to release my identity, my child's identity or the identity of a minor in my care, and any other confidential information provided by me for the purposes stated herein. I understand and agree that I will receive no money or other benefits from the County of Los Angeles or any other party as a result of consenting to the release of such information.

9. I agree to release the County of Los Angeles, its agents, and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from giving confidential information provided by me and about me to the media with my consent.

10. I understand that I have the right to file a Complaint of Discriminatory treatment if at any time I feel that I my child, or a minor in my care have been discriminated against. Complaints may be made in writing or by telephone and addressed to:

Print Name of Agency Supervisor

Phone Number

11. I understand that I may cancel this authorization at any time by notifying the designated Agency staff person indicated below:

Print Name of Agency Staff Person

Phone Number

12. I acknowledge that before signing this consent and release agreement, I have carefully read and fully understand its terms.

13. I understand that this release expires one (1) year from the date of my signature below.

Signature

Relationship to Minor

Print Name

Date

Home Address

Phone Number

Email

A copy of this form was provided to LACYJ Participant on _____ by _____
_____. The original document is to be kept in the case file.

Print Agency Staff Name

Revised 09/08/2016